DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: OUR HOUSE LLC (111042)

Address: 1200 WASHINGTON AVE, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 04/30/1998

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey Hi	storv
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Compliance

Verified

Corrected

Survey ID: 0094683 End Date: 04/25/2005 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008211 Served 05/02/2005

Deficiencies Cited Subject Area

83.21(4)(w) SAFE ENVIRONMENT

Survey ID: 0091101 End Date: 09/17/2003 Type: OTHER Purpose: SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007867 Served 10/02/2003

Compliance

Deficiencies CitedSubject AreaVerifiedCorrected83.32(1)(b)WRITTEN REPORT OF ASSESSMENT04/25/2005Yes83.32(2)(a)1PHYSICAL HEALTH04/25/2005Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Survey ID: 0090527 End Date: 06/18/2003 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007800 Served 06/27/2003

Deficiencies CitedSubject AreaCompliance83.32(1)(b)WRITTEN REPORT OF ASSESSMENT04/25/2005Yes83.33(3)(e)5MEDICAL RECORD DOCUMENTATION09/17/2003Yes

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Enforcement History

Date: 10/01/2003 SOD #10007867 Appealed: No

Sanctions

OTHER SANCTION FORFEITURE---83.32(1)(b) 1nd cite FORFEITURE---83.32(2)(a)1

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